# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2010**
**Secretary of State**

DOCUMENT# P09000081969

**Entity Name:** PED-E-CARE, INC.

**Current Principal Place of Business:**

959 BAYSIDE BLUFF ROAD
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

540 STATE RD 13 NORTH
104
FRUIT COVE, FL 32259

**Current Mailing Address:**

959 BAYSIDE BLUFF ROAD
JACKSONVILLE, FL 32259

**New Mailing Address:**

959 BAYSIDE BLUFF ROAD
SWITZERLAND, FL 32259

**FEI Number: 27-1321400** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE
2301
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P
Name: CHIAFAIR, JOSEPH G
Address: 959 BAYSIDE BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP
Name: CHIAFIAR, ELLEN J
Address: 959 BAYSIDE BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH G CHIAFAIR PRES 01/13/2010

Electronic Signature of Signing Officer or Director — Date